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ABSTRACT

Rhode Island College's innovative program of baccalaureate education for registered nurses is described, and guidelines and materials used in the program are included. The federally funded project was designed to: identify the competencies the registered nurse (RN) applicant brings to the program and place the student accordingly; develop a flexible curriculum that can be individualized; and implement the program with 30 RN students each year. For the entering RN student with diploma or associate degree background, there are three parts for the junior-level nursing course: four written examinations, Clinical Performance Examination (CPE), and a written paper on a current nursing issue. The four written examinations concern care of the adult, care of the child, psychiatric mental health, and maternal and infant care. The CPE is a 2-day practicum administered in the acute-care setting with an adult client. It is designed to test in the clinical setting the student's ability to meet junior-level objectives that cannot be fully evaluated through written or other methods. The CPE is outlined in terms of criteria for client selection, activities to be completed, and grade assignment. Supplementary materials include: forms for the CPE; guidelines for the placement process at the senior level; learning activities form; advanced placement process; and a paper presented at a 1981 nursing workshop entitled "Adult Learning/Teaching: Implications for Curriculum." Appended materials include: a list of rules for effective adult learning; a list of behaviors as objectives of graduate study in adult education; a list of programs of study for nursing majors; forms for attitudinal testing and evaluation by the student; and a glossary. (SW)

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# BACCALAUREATE EDUCATION FOR REGISTERED NURSES: A NEW APPROACH

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This report has been designed to share with faculties and administrators of nursing programs, and others interested in the evaluation of experiential learning, the adaptations recently completed by the Department of Nursing at Rhode Island College. It is our intent that by sharing these processes with other programs, we may express our appreciation for the funding received from the Public Health Services, Department of Health and Human Resources, #5 D10 NU 21020.

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# BACCALAUREATE EDUCATION FOR REGISTERED NURSES: A NEW APPROACH

## Background Information

Rhode Island College is the principal urban public institution of higher education in Rhode Island. The college founded in 1854, provides undergraduate programs in the arts and sciences and in pre-professional and professional fields. It also offers a range of graduate programs in several of the arts and sciences and in the areas of community, public and social service. It offers curriculum and support services for undergraduates and graduates of traditional college age and for those other adults who desire to resume formal education. There are approximately 8,500 students enrolled at Rhode Island College.

The Department of Nursing was established in 1970 and placed within the Division of Arts and Sciences. It was accredited in 1974 and graduated its first class in June of that year. That graduating class of 43 students included one AD graduate, three diploma graduates, and one licensed practical nurse.

Almost immediately the department experienced rapid expansion, graduating as many as one hundred fifty (150) nursing majors annually. Simultaneously the numbers of R.N. students grew, all occurring at a time when a freeze restraint was placed on positions by the Board of Regents. It became clear, that the time and attention deserved and demanded by the special needs of R.N. students needed to be addressed. These students have individual learning and potential portfolios entirely different from generic students. Advisement was and is very time consuming; adaptations are needed, and tracks of learning must be developed.

The Department of Nursing therefore, decided to apply for federal monies in order to better serve the R.N. student. A grant proposal was submitted to Nursing Special Project Grant, DHEW in 1977. Funding was granted, beginning August 1979 through July 31, 1982. It enabled the College and the Department of Nursing to employ faculty who could address in a concerted way the learning needs and identify the departmental accommodations required to serve the R.N. student. The objectives stated in the grant proposal were:

I. Identify the competencies the registered nurse applicant brings to the program and place the student accordingly.

II. Develop a curriculum with flexibility which can be modified and individualized to meet the respective needs of registered nurse students and builds on their current level of competence, provides new learning with opportunity for application, and promotes enhanced functioning in health care settings.

III. Implement the program with 30 registered nurse students each year.

The major purposes of this Conference are to share with the participants our findings, and to invite other innovative programs to share their methods of facilitating the R.N. student, an adult learner, through the baccalaureate program.

# RHODE ISLAND COLLEGE - DEPARTMENT OF NURSING

## REGISTERED NURSE

## GUIDELINES FOR CHALLENGE PROCEDURE
## JUNIOR LEVEL

Rhode Island College Department of Nursing believes that the Registered Nurse from diploma and associate degree programs seeking a baccalaureate comes to the college with valuable nursing proficiency and knowledge. We believe that the R.N. should be allowed to demonstrate competency in college level learning in nursing. The Rhode Island College Nursing Faculty have developed a procedure for the R.N. student which reflects the junior level course objectives and enables the student to demonstrate the ability to function at the baccalaureate junior level. R.N. students are allowed and encouraged to obtain credits for the following junior level nursing courses by completing the challenge process.

**Challenge Procedure**

There are three parts to the challenge process for junior level nursing courses:

1. Four Written Examinations:

| | |
|---|---|
| N301: Nursing III - Care of the Adult | 6 credits |
| N302: Nursing IV - Care of the Child | 6 credits |
| N303: Nursing V - Psychiatric Mental Health | 4 credits |
| N304: Nursing VI - Maternal & Infant Care | 4 credits |

These challenge examinations have been developed based on objectives and course content for the four junior level courses. A packet of materials including study guides is available to students upon request. Baccalaureate Education for Nursing (N207), and admission to the nursing program are prerequisites for the written challenge examinations. Students who have initiated the challenge procedure by taking the NLN examinations will complete the challenge sequence by taking the new departmental examinations.

2. Clinical Performance Examination (CPE):

A Clinical Performance Examination (CPE) has been developed to test those junior level objectives which can be best evaluated in a clinical setting. Essential elements of the clinical component of all four junior level nursing courses have been incorporated into one CPE based on course objectives and content. All four written challenge examinations must be successfully completed before the student is eligible to take the CPE. The CPE takes place entirely in a clinical setting and is offered by appointment only. For further information, see Guidelines for Clinical Performance Examination.

3. Written Paper on a Current Nursing Issue:

This paper is designed for the student to demonstrate the ability to meet those junior level objectives which can be best evaluated in this format. For further information, refer to Written Paper on a Current Nursing Issue.

Full course credit (20 credits) is awarded for successful completion of the four written examinations, CPE and the Written Paper. The student may challenge each written examination twice. If the student fails any of the written examinations in a second attempt, the corresponding course(s) must be taken. For such a student, junior level objectives tested in the CPE and Written Paper will be met by enrolling in the junior nursing course(s). Credit for the examination(s) passed will only be granted upon successful completion of the junior nursing course(s).

## Registered Nurse Clinical Performance Examination (CPE)

**I. Overview:**

The Clinical Performance Examination (CPE) is a two day practicum administered in the acute-care setting with an adult client. It is designed to test in the clinical setting the student's ability to meet those junior level objectives which cannot be fully evaluated through written examinations or other methods. Students will take the CPE after all four written challenge examinations have been successfully completed. The CPE is offered by appointment (tel. #456-8014).

**II. Components of the Clinical Performance Examinations:**

The CPE consists of one client care situation in which the student demonstrates the ability to deliver nursing care at the baccalaureate junior level to an assigned client in a medical/surgical acute care setting. Major areas tested are: 1) *Nursing Process* and 2) *Professional Responsibility*. Successful performance in the CPE

presupposes the student's ability to maintain the client's emotional well-being and physical safety. These two critical elements will be fundamental throughout the examination. Consequently, if at any time during the CPE the client's emotional well-being or physical safety is jeopardized, the examination will be terminated and the student will fail. If there are questions of detrimental emotional intervention, the evaluator, the student, and if necessary, the client will document the nature of the problem.

The CPE is assigned a total of 500 points. The passing score is a minimum of 350 points (70%). The points are allocated as follows:

1. Assessment - 75 points.
2. Plan of Care - 75 points.
3. Implementation of Plan - 200 points.
4. Evaluation - 75 points.
5. Coordination of Client Care - 25 points.
6. Clinical decision-making - 25 points.
7. Professionalism - 25 points.

The CPE Evaluation Tool contains the specific points for each nursing behavior. Client selection will determine the number of behaviors that the nursing student will demonstrate when the plan of care is implemented. Point value will be determined by dividing the points in the implementation section by the number of behaviors to be demonstrated.

**III. Grade Assignment/Role of Faculty Evaluator:**

Behaviors to be assessed will be indicated on the faculty evaluator's CPE Evaluation Tool prior to the first day of the clinical examination. Assignment of student to client will be on a random basis.

After completing the assessment and plan, the student is also encouraged to check implementation behaviors which she/he believes will be demonstrated during the exam.

If failure occurs, a new examination date will be scheduled. If failure occurs a second time, the student must take a junior level nursing course (theory and practicum). The course to be taken will be determined in an interview with the faculty and student. The course may not be in the student's primary professional practice area.

**IV. CPE Protocol:**

The CPE is a two-day examination. The student will be assigned a client on the first day; the faculty (evaluator) will evaluate the student on the second day.

Criteria for client selection are:

1. The client must be conscious.
2. No client will be chosen whose death is imminent.
3. Client will have common health problems.
4. Nursing care for assigned client will include between 50 and 65 behaviors to be implemented.

If the client's condition changes markedly after assignment to the student, an alternate client will be selected and another examination date will be assigned.

**Day 1**

Activities to complete on the first day of the examination are as follows:

1. Obtain client assignment.
2. Orientation to unit by faculty evaluator; meet staff liaison nurse.
3. Read client's record - the student will have access to all client records.
4. Receive verbal report from staff liaison.
5. Complete nursing assessment of client
6. Write the assessment in proper format (2 copies).*
7. Write nursing care plan (2 copies).*
8. Submit 1 copy of assessment and plan portions to evaluator.
9. Indicate behaviors to be assessed on day *2 on the CPE evaluation tool.
10. Utilize RIC nursing resources laboratory as necessary.

**Day 2**

Activities to be completed on second day:

1. Receive verbal report from staff liaison.
2. Revise plan of care as necessary.
3. Implement the plan of care.
4. Record and report care given.
5. Evaluate nursing care plan.
6. Self-evaluation.
7. Evaluation conference with faculty evaluator and examination scoring.

During the course of the examination, the student may consult with staff liaison regarding equipment and supplies but may not seek assistance with anything related to direct client care. Following orientation of the student to the unit, the faculty evaluator will be only an observer. No guidance will be offered. The evaluator will become involved in client care only at the iniation of the student and then only in situations that will not significantly affect the outcome of the examination.

No medications will be administered by the student during the examination, however, the student is responsible for demonstrating in-depth knowledge of all medications the client is receiving at the time of examination and for describing the method of administration of required medications.

*Forms provided

# Written Paper on a Current Nursing Issue

**Guidelines:**

The written paper, a component of the challenge procedure, is designed to test the student's ability to meet those junior level objectives which can be best evaluated in this format. The paper should identify and analyze a relevant issue in current nursing practice.

The issue and a brief outline must have prior faculty approval (call 456-8014 for an appointment). The paper may be written any time during the challenge sequence.

**Objectives:**

The student will:

1. clearly organize, describe and document information and ideas using APA format.
2. review relevant literature and examine current research findings in relation to chosen issue.
3. describe leadership strategies the professional nurse may utilize when dealing with the situation.
4. incorporate a description and application of change theory to the issue.

**Evaluation:**

Each of the four objectives has a point value of 25. Grading of the paper is on a Pass/Fail basis. A minimum score of 70 is necessary to pass. Students will have one opportunity to submit a revised paper. Referral to the RIC Writing Center or a remedial course may be required in the event of failure. The body of the paper is limited to ten (10) typed pages. The faculty and student will mutually determine a date for completion of the paper.

NAME _____ RN

DATE _____

# RHODE ISLAND COLLEGE - DEPARTMENT OF NURSING

## Nursing Assessment Guide*

I. Psycho-Social and Mental/Emotional

II. Environmental

III. Sensory

IV. Motor

V. Nutritional

VI. Elimination

VII. Circulation

VIII. Respiration

IX. Body Temperature

X. Integumentary

XI. Comfort and Sleep

*Adapted with permission - Pamela H. Mitchell, Concepts Basic to Nursing: McGraw-Hill, 1973; pp. 77-82.

NAME _____ RN

DATE _____

# RHODE ISLAND COLLEGE - DEPARTMENT OF NURSING

## Client Information

Date of Admission:

Surgical Procedures (Date Performed):

Diet:

Respiratory Orders:

Activity:

Weight:

Positioning:

Intake & Output:

Allergies:

I.V. Therapy:

Vital Signs:

Specimens:

Neuro/Vascular Checks:

Medications:

Treatments and Procedures:

Additional Information:

# Nursing Care Plan

Client Initials: _____ Age: _____ Sex: _____ Medical Diagnosis: _____

| NURSING DIAGNOSIS | PLAN (Long and Short Term Client Objectives) | NURSING INTERVENTIONS/ IMPLEMENTATION (State Rationale) | EVALUATION |
|---|---|---|---|
| | | | |

# Clinical Performance Examination (CPE)

**Critical Elements**

The student:

1. Acts to maintain client's emotional well-being.
2. Acts to maintain client's physical safety.

Jeopardy of either critical element will result in failure.

| | Point Value | Behavior to be Assessed | Points Awarded | Comment |
|---|---|---|---|---|
| **I. Nursing Process** | | | | |
| A. **Assessment** (75 points total) The student: | | | | |
| 1. Completes thorough assessment of assigned adult client using Mitchell's assessment tool (11 areas). This includes identification of problems/needs, including learning needs, written as nursing diagnoses. | 75 | X | | |
| B. **Nursing Care Plan** (75 points total) The student: | | | | |
| 1. Prioritizes nursing diagnoses rationally. | 15 | X | | |
| 2. Plans realistically in collaboration with client/family system to promote optimum well-being. | 20 | X | | |
| 3. Writes plan consisting of long-term and short-term goals and objectives. | 20 | X | | |
| 4. Writes client-centered goals and objectives in measurable, behavioral terms. | 20 | X | | |
| C. **Implementation** (200 points; behaviors -175, medications -25) Point value for each behavior will be determined by dividing the total number of points (175) by the number of behaviors to be assessed (50-65). The rationale for each behavior will be considered in allocating points for implementation. Students are expected to consult the hospital procedure and policy manual and to carry out the plan of nursing care in conjunction with physicians' orders. | | | | |

| Point Value | Behavior to be Assessed | Points Awarded | Comment |
|---|---|---|---|
| | | | |

1. **Psycho-Social and Mental/Emotional**
   The student:
   a. Establishes a supportive, therapeutic nurse-client relationship.
   b. Demonstrates consistent expertise in verbal and non-verbal communication with clients and families.
   c. Acts to minimize client anxiety.
   d. Assists client to mobilize his coping abilities.
   e. Encourages support from significant others.
   f. Carries out appropriate health education of client and family based on assessed needs.
   g. Utilizes appropriate methods of teaching.
   h. Communicates accurate and appropriate content in teaching.
   i. Teaches content at client level of understanding.
   j. Performs accurate neuro-check.
   k. Creates an environment in which client is safe from needless emotional trauma.
   l. Creates a climate in which client is free to express feelings in a way acceptable to all participants (nurse and client).
   m. Allows client opportunity to use own problem-solving skills or helps client to develop same.
   n. Explains behavioral expectations of the new environment.
   o. Allows client to assume maximum responsibility for self.
   p. Provides activity to prevent regression.
   q. Treats client with respect and dignity and ensures right to privacy.
   r. Provides opportunity/environment in which individual may meet spiritual needs.
   s. Recognizes in client manifestations of transference phenomena and responds appropriately to them.
   t. Identifies own responses to client.
   u. Recognizes sexual needs of the client and acts appropriately.

| Point Value | Behavior to be Assessed | Points Awarded | Comment |
|---|---|---|---|
| | | | |

v. Recognizes manifestations of serious overt psychological behaviors and seeks assistance as appropriate.

w. Facilitates acknowledgment and discussion of the client's actual or anticipated alteration in self-concept and/or body image, and assists client to resolve the change/loss.

x. Recognizes suicidal/destructive behavior and seeks assistance as appropriate.

2. **Environmental:**
The student:

a. Acts to maintain a safe environment for client.

b. Utilizes aseptic technique.

c. Utilizes appropriate barrier or reverse barrier technique.

2. **Sensory**
The student:

a. Provides increase in meaningful environmental stimuli for client who is experiencing sensory-perceptual restriction.

b. Restricts environmental stimuli for client who is experiencing sensory-perceptual overload.

4. **Motor**
The student:

a. Uses good personal body mechanics.

b. Positions client in proper body alignment.

c. Changes client position as necessary.

d. Performs passive and/or joint range of motion.

e. Performs muscle-conditioning exercises with client.

f. Encourages independent level of activity according to medical regimen.

5. **Nutritional**
The student:

a. Demonstrates patience and understanding when feeding client.

b. Encourages client to eat a balanced diet appreciating cultural differences.

c. Provides counseling to client and family regarding therapeutic diet.

| Point Value | Behavior to be Assessed | Points Awarded | Comment |
|---|---|---|---|
| | | | |

d. Provides counseling about general nutrition including referral when appropriate.

e. Carries out tube feeding.

f. Monitors dietary intake.

g. Performs procedures related to client who is NPO with nasogastric tube and suction.

6. **Elimination**
The student:

a. Monitors urine output.

b. Accurately collects urine specimens.

c. Accurately performs urine testing.

d. Catheterizes client.

e. Performs catheter care.

f. Carriers out bladder re-training.

g. Monitors bowel status.

h. Gives enema.

i. Carriers out bowel re-training.

j. Performs colostomy care.

k. Performs ileostomy care.

l. Promotes good bowel and bladder habits in client teaching.

7. **Circulatory - Fluid & Electrolyte**
The student:

a. Takes accurate pulse (± 5 beat/min.).

b. Takes accurate B.P. (± 6 mm pressure).

c. Monitors I & O accurately.

d. Monitors circulation in body or portion of body as appropriate.

e. Accurately administers IV fluids.

f. Measures wound drainage.

8. **Respiratory**
The student:

a. Accurately counts respirations (± 2 resp/min).

b. Administers $O_2$ as ordered.

c. Performs naso-pharyngeal/endotracheal suctioning.

d. Performs tracheostomy care.

e. Teaches and encourages coughing and deep breathing exercises.

| | Point Value | Behavior to be Assessed | Points Awarded | Comment |
|---|---|---|---|---|
| f. Positions client properly to facilitate optimal respiratory exchange. | | | | |
| g. Performs postural drainage. | | | | |
| h. Accurately collects sputum specimen. | | | | |
| 9. **Body Temperature** The student: | | | | |
| a. Accurately measures temperature (± 0.2 degrees). | | | | |
| b. Prevents client from being chilled. | | | | |
| c. Prevents client from becoming overheated. | | | | |
| d. Applies heat or cold safely to body part. | | | | |
| 10. **Integumentary** The student: | | | | |
| a. Provides necessary equipment for client to perform personal hygiene. | | | | |
| b. Performs partial or complete bath with client. | | | | |
| c. Administers good mouth care as necessary. | | | | |
| d. Makes bed with tight bottom sheet and top sheet loose around toes. | | | | |
| e. Observes and/or massages pressure points as necessary. | | | | |
| f. Performs foot care. | | | | |
| g. Changes dressings. | | | | |
| h. Irrigates wound. | | | | |
| i. Performs decubitus ulcer care. | | | | |
| 11. **Comfort and sleep** The student: | | | | |
| a. Gives therapeutic back-rub. | | | | |
| b. Monitors pain level. | | | | |
| c. Provides an environment conducive to rest. | | | | |
| 12. **Other** The student: | | | | |
| Describes in-depth knowledge of medications and the appropriate method(s) of administration. | 25 | X | | |

| | Point Value | Behavior to be Assessed | Points Awarded | Comment |
|---|---|---|---|---|
| D. **Evaluation** (75 points of total) | | | | |
| 1. **Communication** | | | | |
| The student: | | | | |
| a. Records observations and nursing care given clearly and concisely in appropriate places. | 10 | X | | |
| b. Reports observations and nursing care given clearly and concisely to appropriate health team members. | 10 | X | | |
| c. Makes referrals as appropriate. | 10 | X | | |
| 2. **Evaluation of Implementation** | | | | |
| The student: | | | | |
| a. Evaluates care given based on objectives. | 15 | X | | |
| b. Reviews plan and makes appropriate changes. | 15 | X | | |
| c. Projects areas for further nursing assessment or reassessment based on actual or potential cues or problems. | 15 | X | | |
| **II. Professional Responsibility** | | | | |
| A. **Coordination of Client Care** (25 points total) | | | | |
| The student: | | | | |
| 1. Provides for coverage of client care when absent from nursing unit. | 8 | X | | |
| 2. Demonstrates ability to organize nursing care. | 9 | X | | |
| 3. Works collaboratively with other members of the health care team. | 8 | X | | |
| B. **Clinical Decision-Making** (25 points total) | | | | |
| The student: | | | | |
| 1. Demonstrates evidence of critical thinking. | 10 | X | | |
| 2. Makes decisions willingly and appropriately. | 5 | X | | |
| 3. Makes decisions that reflect both knowledge of facts and good judgment. | 5 | X | | |
| 4. Makes decisions which reflect knowledge of legal aspects and ethical issues in patient care. | 5 | X | | |
| C. **Professionalism** (25 points total) | | | | |
| The student: | | | | |
| 1. Is self-directing. | 5 | X | | |
| 2. Avails self of opportunities for learning. | 4 | X | | |
| 3. Wears appropriate uniform according to agency policy. | 1 | X | | |
| 4. Reflects attitudes of health and safety in appearance and behavior. | 1 | X | | |

| | Point Value | Behavior to be Assessed | Points Awarded | Comment |
|---|---|---|---|---|
| 5. Maintains confidentiality. | 3 | X | | |
| 6. Uses guidance and constructive direction of self-improvement. | 3 | X | | |
| 7. Demonstrates realistic self-appraisal, acknowledging personal strengths and limitations. | 3 | X | | |
| 8. Through actions and behavior, demonstrates professional accountability and responsibility. | 5 | X | | |

## Clinical Performance Examination

Student's Name: _____ Soc. Sec. #: _____

Address: _____

_____

Place of Exam: _____ Final Grade: _____

Date of Exam: _____

Evaluator: _____

Client Hospital No.: _____

Evaluator's Summary of Exam:

Student's Comments:

Evaluator's Signature: _____

Student's Signature: _____

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# RHODE ISLAND COLLEGE - DEPARTMENT OF NURSING

## GUIDELINES FOR PLACEMENT PROCESS
## SENIOR LEVEL

In accordance with the NLN's Position Statement on Open Curriculum, the faculty of Rhode Island College - Department of Nursing has devised a placement process for eligible Registered Nurse students. In so doing, the clinical practicum and classroom attendance for selected courses may be adapted based upon the individuals' documented college-level learning in nursing.

**Criteria for Senior Placement:**

1. Applicant must be a Registered Nurse student who has pre-registered for Nursing 341: Nursing VII and/or Nursing 345: Nursing VIII.
2. Applicant must have been employed in an appropriate area of nursing practice for at least two (2) years during the past five (5), for instance, pediatric neonatology, medical-surgical unit, community health or other related clinical experiences. Twelve months of this experience must have been in continuous employment.
3. Applicant must submit verification of employment (i.e. letter on official stationery from a direct supervisor in health care setting where employed).

**Placement Process:**

There are two (2) parts to the placement process for senior level nursing courses:

1. A written comprehensive course examination based on the theoretical content of the respective course. A grade of 70 is required for each examination taken prior to compilation of portfolio.
2. A portfolio documenting achievement of clinical course objectives.

A Registered Nurse student who passes the placement examination(s) and completes a portfolio will be evaluated in light of course objectives. Classroom and clinical requirements will be based on individual learning needs. These requirements will form the basis of the learning contract.

**I. Cover Sheet:**

This portfolio has been prepared in partial fulfillment of Nursing _____ at Rhode Island College during _____ Semester, 19 _____.

Student signature: _____ Date: _____

Name: _____ Soc. Sec. #: _____

Address: _____

Phone: Home: _____ Work: _____

Previous degrees: _____

Name of Basic Education Program: _____

Year of Graduation: _____

List nursing or related health care courses since graduation but within the past 5 years:

Submitted to: _____ on _____

**II. Table of Contents:**

A. Curriculum vitae - in reverse chronological order to include:
   1. employment experience
   2. employment related committees
   3. education
   4. professional associations/honors
   5. community service/community awards
   6. publications/research/special projects

B. Personal essay - to include:
   1. a short description of professional and educational goals
   2. a description of personal experience that contributed to your learning
   3. a description of professional experience to justify advanced placement

C. Learning Activities Form

Objectives for the course and each unit will be examined in light of student learning activities and documentation.

# RHODE ISLAND COLLEGE - DEPARTMENT OF NURSING

## Learning Activities Form

## Advanced Placement Process: Nursing : Nursing

**Unit #** **Title:**

| STATE OBJECTIVES (to be done in numerical order) | POSITION, AREA, PLACE EMPLOYED, DATES (within 5 years) | LEARNING ACTIVITIES (month, date, year), institution, organization, contact hours, credits | DOCUMENTATION |
|---|---|---|---|
| | | You may include activities from specific job descriptions that relate to objectives. You may describe: duties, responsibilities, roles, functions, within or beyond your job description. | Specific job description.<br><br>Letter of verification from supervisor. |
| | | You may describe a project you initiated or in which you participated that relates to the objective. | Letter of verification by supervisor stating the extent of initiation and/or participation. If possible, include results of project. |
| | | You may describe supervisory activities you performed if applicable to the objectives. | Letter of verification from supervisor describing your *specific* supervisory activities. |
| | | You may list nursing activities. | Nurse's notes or care plans reflecting the nursing process. |
| | | You may include a course or workshop related to objectives that you have taken at a college or university. | Course syllabi, outline, course description from the institutional bulletin. |
| | | You may include inservice education offered by employer or professional organizations, etc. | Inservice activity including objectives, end-of-course outcomes, certification or verification, course syllabi and outlines. |

## RHODE ISLAND COLLEGE - DEPARTMENT OF NURSING

### Learning Activities Form

### Advanced Placement Process: Nursing 341: Nursing VII

### Unit #I Title: Nursing Care of Patients with Respiratory Problems*

| STATE OBJECTIVES (to be done in numerical order) | POSITION, AREA, PLACE EMPLOYED, DATES (within 5 years) | LEARNING ACTIVITIES (month, date, year), institution, organization, contact hours, credits | DOCUMENTATION |
|---|---|---|---|
| | | The Objectives of this unit will be met by attending all of the classes on Nursing Care of Patients with Respiratory Problems, and having clinical experience with patients who have respiratory problems. | |







*This is to serve as a form submitted by a student who has not had experiences related to this unit to meet these objectives.

# RHODE ISLAND COLLEGE - DEPARTMENT OF NURSING

## Learning Activities Form

## Advanced Placement Process: Nursing 341: Nursing VII

### Unit #II Title: Nursing Care of Patients with Cardiovascular Impairment*

| STATE OBJECTIVES (to be done in numerical order) | POSITION, AREA, PLACE EMPLOYED, DATES (within 5 years) | LEARNING ACTIVITIES (month, date, year), institution, organization, contact hours, credits | DOCUMENTATION |
|---|---|---|---|
| The student will: | | | |
| 1. identify the normal electrical pattern of cardiac conduction and recognize arrhythmias. | Staff nurse, CCU, General Hospital (GH): 6/79 - 6/81 | Responsible for assessing and treating arrhythmias according to GH protocol. | Rhythm strip with identification of specific abnormality, with description of deviation from normal, accompanied by the GH protocol for treatment. See Appendix ____. |
| 2. understand the medical and/or surgical therapeutic plan of care for patients with coronary heart disease. | Staff nurse, CCU, General Hospital; 6/79 - 6/81 | Attended Critical Care Course sponsored by ACCN. | Course Syllabus Appendix ____.<br><br>Certificate of Achievement Appendix ____.<br><br>Copy of form starting # of CEU's, course and date. Appendix ____. |

This is an example of a form submitted by a student who has had experiences related to the objectives for Nursing 341: Nursing VII.

## RHODE ISLAND COLLEGE - DEPARTMENT OF NURSING

### Learning Activities Form

### Advanced Placement Process: Nursing 345: Nursing VIII

### Unit #I Title: Community Health Nursing: Conceptual Foundations of Practice*

| STATE OBJECTIVES (to be done in numerical order) | POSITION, AREA, PLACE EMPLOYED, DATES (within 5 years) | LEARNING ACTIVITIES (month, date, year), institution, organization, contact hours, credits | DOCUMENTATION |
|---|---|---|---|
| 1. Trace the historical evolution of Community Health Nursing Practice in light of political, social and environmental factors which shaped it.<br><br>2. Identify the scope of Community Health Nursing practice and directions for the future.<br><br>3. Analyze the meaning of health and implications for nursing practice. | Staff nurse, adult therapeutics, Visiting Nurse Association of Rhode Island; 6/77 to 6/79.<br><br>Field Supervisor, adult therapeutics, Visiting Nurse Association of Rhode Island; 6/79 to present. | Attended a two day workshop at Boston City College on April 9th and 10th, 1980 entitled: "Community Health Nursing - Past, Present and Future".<br><br>Attended a conference sponsored by Public Helath Nurses of Rhode Island on July 7th and 8th, 1981 entitled: "Community Health Nurses in the 20th and 21st Century".<br><br>Prepared and presented a two hour conference at Hospital Nursing Alumni Association of Rhode Island on May 8th, 1981. Topic: "The Impact of Health in Community Nursing Practice". | Workshop Program - Appendix __.<br>Workshop Syllabus - Appendix __.<br>Certificate of Achievement - Appendix __.<br>Copy of form stating CEU's - Appendix __.<br><br>Program Bulletin - Appendix __.<br>Certificate of Attendance and CEU's Awarded - Appendix __.<br><br>Copy of Program - Appendix __.<br>Copy of Presentation - Appendix __. |

*This is an example of a form submitted by a student who has had experiences related to the objectives of Nursing 345: Nursing VIII.

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# ADULT LEARNING/TEACHING:
# IMPLICATIONS FOR CURRICULUM

Paper presented to Faculty.
Department of Nursing Workshop.
March, 1981

## Introduction

The paper *Adult Learning/Teaching: Implications for Curriculum* was presented to the faculty of the Department of Nursing, Rhode Island College on March 11, 1981. The purpose of the workshop was to focus for the faculty, some pertinent information on the Adult Learner, specifically the R.N. student. It also served as background information prior to seeking faculty approval for the process of Documental Learning for R.N.'s.

We are indebted to Ms. Marianne Lettuce, Associate Director, The University of New York, Regents External Degree Program, who served as our consultant for the workshop, for her timely and helpful assistance.

## The Historical Perspective

In 1972, UNESCO convened the third International Conference on Adult Education. The participants concluded their deliberations noting that Adult Education was "seen to be emerging from its marginal position in relation to formal educational systems. . . toward a central role in society's overall provision for education", (Lowe, 1975, p.1.).

UNESCO had organized conferences approximately every ten years since World War II. During that thirty year span, Adult Education made notable advances in almost every part of the world. Its potential for contributing to economic development and environmental planning was expressed and hoped for especially since the conference still found that

> "Experience shows that the provision of more education in most communities tends to favor most the already well educated: the educationally underprivileged have yet to claim their rights. Adult education is no exception to the rule, for these adults who most need education have been largely neglected - *they are the forgotten people*", (Lowe, 1975, p.10).

The Conference recognized and supported the need to make available every possible means of communication and technological advance in improving the access of people to adult learning. It was interesting to note that few of the participants went the way of Ivan Illich who favored the 'de-schooling' of society.

Countries generally, in the past, ascribed a restrictive meaning to adult education (Lowe, 1975). In the United States, for example, at one period, adult education largely signified education for Americanization, and later on, education for employment and improved quality of life (Heimstra, 1976). Later other forces acting in concert created interest in and need for adult learning, indeed for lifelong learning. These forces are:

1. The rapidity and constancy of change. Educators realized that the life skills necessary to cope with rapid change, never ending inflation, and constantly evolving life styles are not taught in formal K-12 schooling efforts (Heimstra, 1976). Toffler focused attention on this in *Future Shock*, as well as Illich who wrote in *The Deschooling of Society*, that schooling efforts and patterns are so designed that learners, especially the poor, the disadvantaged, and the ethnic minority are not prepared even to cope with main societal problems.
2. The continuous march by many adults toward occupational obsolescence. Borrowing from nuclear physics where half-life is a given, we can apply half-life to the professions and occupations and find that a person in 5-15 years becomes roughly half as competent to do the job as their initial training prepared them.
3. The change in lifestyles and value systems. Call it increased leisure, movement toward self-actualization, back to the earth, the women's movement, the facts are more people are believing that a full and rich life is possible through maximizing their potential (Heimstra, 1976).
4. The statistics of declining population of K-12 students makes the time possible, and necessary, to reach out to the needs of the adult learner.

Adult learners constitute the most rapidly growing segment of American education. From 1969 to 1975, the number of adults in organized learning activities increased 30.8 percent, more than double their increase in the population, (Cross, 1979, p.75). These statistics have brought the adult learner into a position of prominence in institutions of higher education.

The adult student has been studied often and in many ways. In the 1930's, and 40's, attempts were made to find out *who* these students were and in *what* they were interested. The 1950's and 60's were decades when usable survey instruments and prediction scales were developed for adult learners and one of the landmark studies was done by Johnstone and Rivera, (Johnston and Rivera, 1965). Based on their findings, it was estimated that 25 million adults (1:5) had been engaged in one or other form of educational endeavor, and nearly one-third of it was *self-directed*, or *independent*.

The Adult Education Association of the U.S. was formed in the 50's and federally funded in 1960 through the Adult Education Act. Consequently, by 1970, a significant increase had taken place, for one in three persons was involved in some form of adult learning. It may be helpful to point out a few of the other findings of the above study:

1. Some barriers can be lessened by offering formal adult education classes in neighborhoods, hospitals or homes.
2. Younger people are more likely to drop out than older persons. Evidence that older persons learn some things better because of experience, plus a more positive self-concept, (Johnstone and Rivera, 1965).
3. Single individuals, females, minorities in an integrated learning environment, non-home owners and inactive (employment-wise) persons drop out more frequently.
4. There is considerable research to support the notion that involving the adult student in the program-planning process is beneficial in terms of success (Cross and Valley, 1974).
5. We could look at nurses who are resuming their education as undereducated and disadvantaged adults. They are mostly women, breadwinners, often with low salaries and few benefits.

## Adult Learning

But why should we look at adults and adult learning separately from the normal learning that goes on in the college classroom? Kidd (1973) identifies three points that he believes make it essential:

1. We are dealing with intelligent, rational, human individuals.
2. These individuals are effectively functioning as adults.
3. They are functioning in our democratic society taking on all the rights and responsibilities necessary to fill that role.

The above three areas make the adults approach to what we have to offer very different than that of the "normal" matriculating student.

What areas need to be explored specific to adult education? McKenzie (1974) identifies five areas from which he believes the essential questions surrounding adult education evolve:

1. Philosophy of Adult Education
2. Teaching/Learning Process
3. The Adult as Learner
4. Teacher Traits
5. Program Development

## Philosophy of Adult Education

Many authors identify aspects of theories on adult learning, but few articulate a singular theory as clearly as Leonard S. Stein. In his article "Adult Learning Principles: The Individual Curriculum and Nursing Leadership" (1971), he states that "human beings are dynamic organisms that respond to outside stimuli in terms of their own concerns and interests". Stein goes on to identify the implications of this theory on the educational process. First of all, he states, we must realize that adult educators don't teach, they evoke learning responses. In essence, they function largely as facilitators. In this role the instructor is responsible for arranging opportunities appropriate to the specific adult group (i.e. small group discussion, library work, etc.) and experiences appropriate for practicing the new behaviors to be acquired.

In addition, Stein (1971) suggests three guiding principles for adult educators: 1) Adults are experts at being adults. They are used to feeling competent. Yet they are told that they need more education (i.e. they are not competent). Therefore, he states, the returning adult is likely to experience a great deal of conflict around returning to school. 2) Humans are responsive to both outside changes and internal growth. 3) Learning means breaking old habits and learning new ones.

Stein (1971) goes on to identify eight rules for effective adult learning. (See Appendix A). The most important is the eighth: Learning must contribute to the social and organizational goals of the adult.

## Teaching/Learning Process

To appreciate the teaching/learning process in reference to adult learning, three areas will be focused on: The conditions necessary for adult learning, program goals in terms of thought and value development, and teaching activities specific to the developmental goals. There are many theories of learning ranging from the behavioral theories to the cognitive theories. While theorists may differ on how they think learning takes place, they are likely to agree on the necessity of certain conditions being present to allow learning to occur.

Miller, in his work *Teaching and Learning in Adult Education* (1964), identifies six conditions necessary for adult learning. Miller states that the adult learner must:

1. Be adequately motivated to change her/his behavior.
2. Be aware of the inadequacy of her/his present behavior.
3. Have a clear picture of the behavior which she/he is required to adopt.
4. Have opportunities to practice the appropriate behavior.
5. Get reinforcement of the correct behavior.
6. Have available a sequence of appropriate material.

In summary, what Miller (1964) states, similar to Stein (1971) as mentioned above, is that if these conditions can be met, then the adult learner will be freed up to accomplish the goals of the program in her/his own fashion with the educator functioning as facilitator.

Looking at the goals of bachelors' level nursing curriculum, means first looking at the goals of college level education. In general, these goals are probably best described by William Perry (1970) through his research on thought and value formation.

1. Basic Duality

   World is viewed in polarities of right/wrong, we/they, good/bad. Knowledge and values are Authority-bound.

2. Multiplicity Pre-legitimate

   Diversity is perceived in the world, but is accounted for as unwarranted confusion or poorly-qualified Authority.

3. Multiplicity Subordinate

   Diversity and uncertainty are perceived as extensive, but only temporary conditions.

4. Multiplicity Correlate: Relativism Subordinate

   Legitmate uncertainty, diversity and frames of reference other than Authority's are seen as extensive and non-temporary.

5. Relativism Correlate, Competing or Diffuse

   All knowledge and values (including Authority's) are seen as contextual and relativistic. Dualism is subordinated to a special case.

Elaboration of dualistic framework in order to assimilate into it perceptions of diversity.

Breakdown of dualistic framework, substitution of relativistic framework, intimation of challenge of personal commitment as a necessity of orientation and identity in a relativistic world.

Structural changes in outlook, (the "Ways of Knowing").

6. Commitment Foreseen

   The need is felt to orient oneself in a relativistic world through some form of affirmation, direction or commitment, (not simply a blind opposition nor a submission to Authority).

7. Initial Commitment

   An affirmation or choice is made, a direction is established in some area.

8. Orientation in Implications of Commitment

   Implications of one's choice, direction are experienced. Subjective and stylistic issues of responsibility are explored.

9. Developing Commitments

   Affirmation of identity among multiple responsibilities evolves. Commitment experienced as an on-going, unfolding expression of personal values and lifestyle.

Evolution of style in personal commitment.

Variations

Establishing Identity Through Commitments, (the "Ways of Being").

Perry studied college students to evaluate what they learned throughout their four years other than pieces of information necessary for passing exams. What he found was that students for the most part progress along a nine stage continuum developing "ways of knowing" as well as "ways of being".

"Ways of knowing" covers the structural changes in one's outlook on information. College freshmen approach new information with a basic dualistic style. The information is right or wrong, black or white. Variability is perceived as confusion. Gradually the dualistic framework begins to expand to account for variability. Eventually the framework breaks down giving way to a relativistic one.

With relativistic thought comes the intimation of the need for personal commitment. In short, the individual starts to look at "ways of being". The individual begins to search for some form of direction or commitment. No longer is the individual willing to blindly accept or reject the beliefs of others. The evolution of a style of "ways of being" entails evaluating the implications of one's choice as well as exploring the subjective and stylistic issues of responsibility. Ultimately the individual comes to understand that adopting a framework for being is an on-going, unfolding expression of personal values.

In evaluating our generic students and our curriculum, we can see these developmental processes reflected. Our freshmen and sophomore students are continually asking for the right answers - what is the right way to make the bed, give a bath, take a blood pressure. We, in attempts to move them along in their thinking meet them with explanations of the principles. The students feel confused: they see us as being unclear. By their junior year they begin to integrate the notion of relative rights and wrongs leading to short and long term goals. For instance, it is relatively unimportant that a client smokes cigarettes when, in addition, she/he has been at IMH for 35 years, is actively hallucinating, and has no available family for support. Then in the senior year courses, we focus on the development of professional nurses, "ways of being". The question then for the adult learners, more specifically the returning R.N., is where are they in the progression along this continuum, and what kind of experiences do they need to assist them in continuing the process?

When considering teaching activities specific to the goals of college level education one is naturally drawn to the works of Robert Gagne (1977, 1967) and Wilbert McKeachie (1969). One truism discussed by both is that there is wide variability in student capabilities, interests, and orientations. The major identified implications of such variability is the necessity for flexibility. In addition, Gagne's (1977) discussion of learning activities and learning was found most valuable in considering college goals and outcomes. For instance dualistic material is best presented using the stimulus response mode or direct interaction practice. Relativistic thinking on the other hand is not entirely acquired through practice. First one must learn that rules may take on a hierarchy. This is best accomplished through verbal definitions and discussion. In addition, relativistic thinking entails problem solving. Gagne (1977) states that, again, experience is the best tool, though verbal communication to clarify previously learned rules may be helpful.

By the time one starts working on "ways of being", one is experimenting with attitudes and attitude changes. Gagne states that the most effective way of changing attitudes is through human modeling. In education that would imply having an instructor who was admired and respected by her/his students and who had high credibility. Then it would be essential for the student to be exposed to a number of experiences where she/he could observe the instructor exhibit the desired attitudes.

In summary, a variety of teaching strategies have been identified as specifically helpful for different thought and value development stages. Still the question exists, where are they, our adult learners, our R.N.'s, in the progression along this continuum. While the literature on adult learning speaks to evaluation on an individual basis, the nursing research, discussed later in this paper, gives us information on where they can be expected to be.

## The Adult As Learner

Malcolm Knowles, a leading educational theorist, has brought new insights to teaching and learning through the introduction of the concepts of androgogy and pedogogy. The term androgogy was coined by Knowles to distinguish the process of facilitating adult learning from the process of transmitting culture, pedagogy. Pedagogy is derived ftom the Greek stem "paid", meaning child. Androgogy is derived from the stem "andr" (man) and "agoge" (the activity of leading). Thus, pedogogy refers to the art and science of teaching children while androgogical theory focuses on the education of adults.

One important distinction between adult and child learners is self-concept. Children perceive themselves as inexperienced people without much responsibility for decisions at home, in school, or in the community. Adults, in contrast, see themselves as decision-making members of family and community groups. Adults tend to have less patience and employ more rigorous tests of personal relevance, (Cross, 1978, p.5).

Another distinction is the pragmatic approach to learning demonstrated by adults. The need for application of knowledge and the desire to solve practical

problems is immediate. A third characteristic that differentiates adults from children is their reservoir of life experience. Adults want to know how new knowledge relates to their own thoughts and experience (Cross, 1978, p.5).

Thus, a chief difference between the child and the adult as learners is the effect on the learning process of the adult's level of inner maturity and of the different social environment in which he lives, (Hendrickson, 1966, p.286).

Children learn through such means as suggestion, imitation, trial and error, and reasoning. They are motivated by such things as curiosity, desire to achieve, desire for new experiences, material rewards, and feelings of success. Adults use the same means and respond to the same motivations. The difference is that in the case of the adult, the application of these means is sharply modified by such things as the difference in goals, the limiting of opportunity and the slowing up of motor activity with age. In addition, the attitudes the adult has toward learning, his concept about himself, the amount of his schooling, and his remoteness from previous schooling are crucial elements (Hendrickson, 1966, p. 286).

The following principles of androgogy contrasted with pedogogy as presented by Meyer (p.4), will serve to illustrate the respective conceptual framework of each:

| PEDOGOGY | ANDROGOGY |
|---|---|
| 1. Assumes a "captive audience", or compulsory attendance, regardless of interest. | 1. Assumes the interest of learners must be "captured", or they will not attend learning sessions. |
| 2. Recognizes that the self-concept of a child is that of a dependent person in need of direction by an adult. | 2. Recognizes that the self-concept of an adult is that of a mature, independent person, capable of self-direction. |
| 3. Views the teacher as having superior knowledge and imparting this knowledge to the learner. | 3. Views the learner as having a reciprocal relationship with the teacher and other learners, i.e., they all may learn something from each other. |
| 4. Sees the life experience of children as of little value in the learning process. | 4. Sees the life experience of adults as vast, varied, and contributing richly to the learning process. |
| 5. Sees the accumulated knowledge and experience of the teacher as an all-important and primary resource for learning. | 5. Sees the accumulated knowledge and life experience of all learners, as well as the teacher, as valuable resources for learning. |
| 6. Insists the teacher decide both the content (*what* will be learned) and the process of learning (*how* and *when* the learning process will take place). | 6. Allows the learner to select the content and the process of learning: content and process are based on individual interests and needs. |
| 7. Sees education as preparing for the future, getting the learner ready to do something or accomplish something. | 7. Sees education as a process for problem solving in the present, for doing something relevant to the present situation of the learner. |
| 8. Views the primary function of the teacher as managing the *content* (what is to be learned). | 8. Views the primary function of the teacher (or "trainer") as guiding the learning *process*. |
| 9. Has little or no concern with how the learner feels about the material learned, but only with how well he learns it. | 9. Has great concern for how the learner feels about the content as well as the process of learning and regards positive feeling as the basis for retention of the learning. |
| 10. Regards the learner as incapable of evaluating either the utility of past learning or his own needs for further learning. | 10. Regards the learner as continually evaluating the utility of past learning and assessing his own needs for further learning. |

In summary, adults bring a wealth of knowledge and experience to the learning situation. These individuals are self-motivated and direct their energy and efforts toward a few selected goals. Great strides have been made in recent years in differentiating pedogogy as the art and science of teaching children and androgogy as the art and science of leading adult learning. Application of androgical theory to distinct groups of adult learners, such as Registered Nurses, is crucial to the provision of a quality higher education program in professional nursing.

## Teacher Traits

One hesitates to compile a list of traits and characteristics required or desirable in the teacher of adults. A more important focus might be a philosophical commitment to the concept of adult learning within the mainstream of higher education.

Although the wisdom of attempting to quantify and qualify the characteristics of the teacher of adults may be questioned, the concept of competence or competency has recently been introduced into the preparation of teachers of adults. While competency and excellence are not identical, a measure of proficiency is implied (Grabowski, 1976, p.7).

Competency-based learning is the designation for an educational approach that places the competencies required for successful performance beyond the academic program and at the front and center of the learning and credentialing processes. This approach makes the demonstration of competence under realistic conditions the indispensable requirement for awarding credentials, (Grabowski, 1976, p.7).

Although the terms androgogy and pedogogy have been used in the adult education literature, few studies dichotomize the source of traits educators identify with either of these attitudes, (Holmes, 1980, p.18).

White (1950), Chamberlain (1960), Aker (1962), and Zinn (1975), have attempted to compile lists of competencies required of adult educators.

Aker, (1962), identified twenty-three behaviors as objectives of graduate study in adult education (See Appendix B).

When asked to define the teacher's responsibility and how one identifies good teaching, Knowles (1970) suggested the following qualities as a partial answer:

1. Ability to understand the goals of the course, and whenever possible, to see that the student shares in shaping the goals.
2. Attitude, acceptance and respect for personality.
3. Planning of the environment.
4. Facility in encouraging full participating by all learners.
5. Versatility in choosing methods and media.
6. Awareness that learning should be satisfying and free of compulsion.

Hendrickson (1966, p.287) explicates principles for those who teach adults. The good teacher:

1. takes into account not only the need for an early experience of success, but the need for frequently recurring experiences of success;
2. recognizes the adult as a prime teaching resource;
3. recognizes the concreteness and immediacy of most adult goals;
4. takes into account the key place which motivation holds in the learning process;
5. recognizes physical and mental fatigue as a deterring factor in adult learning;
6. looks upon each teaching experience as an opportunity for professional growth;

Some educators affect their students more radically than others. These educators usually have developed a psychological or psychosocial technique for catalyzing major individual transformations. One author calls these educators "the changers" because they deliberately set out, before all else to change perception, attitude, or belief. The changers may be distinguished from "change agents" in that the latter primarily promote changes in adult habits through the transfer of knowledge and skills concerning new techniques. Change agents of course, change minds, but they start with "things" or "events" first. The changers, on the other hand, begin with the conscious mind and provoke new self-perceptions and attitudes that influence behavior. Rivera in Grabowski (1976, p.56).

New techniques and instruments and devices assisting the teacher have flourished in recent years. "Since 1960, a great variety of systems and methods developed - radio, television, mass book production, programmed instruction, xerography, audiotapes and LP records, videotapes, microfilm and microfiche, computer-assisted instruction and cable television," (Houle, 1973, p.69). It behooves the teacher of adults to incorporate these aids into any program of study.

Knowles (1973) has suggested some assumptions about adult learners that support a facilitator rather than a manipulator role for the teacher of adults. The four basic assumptions about adult learners posited by Knowles are: Adults view themselves as independent rather than dependent people, capable of making decisions for themselves; adults have accumulated vast quantities of experience of differing kinds; adults readiness to learn is related more to social roles and developmental tasks than to biological changes and tasks; and adults are oriented to problem solving in the present rather than acquisition of content for future use. In addition, the concept of androgogy recognizes the need for self-direction of adult learners. (p.40-49).

Ingalls and Arceri (1972) propose that the following conditions should be present when teaching adults: reciprocity in the teaching-learning transactions, multi-communication shared by all, learners grouped according to interest, and problem-finding and problem-solving teams.

Registered Nurses present a unique challenge to the professional nurse educator. Shane (1980) relates the phases of the returning-to-school syndrome as observed in Registered Nurse students enrolled in a baccalaureate nursing program. Examples are cited of patterns displayed by students who cope, as well as those who exhibit non-productive coping patterns. The latter may result from a perceived threat to the professional identity of the R.N. student. Suggestion for qualities of the teacher of Registered Nurses are that she be:

1. a bicultural faculty member - one who is as comfortable and effective in the school culture as in the work culture. This implies a faculty

member with considerable experience with Registered Nurses in a work situation as well as one who is an effective teacher;

2. a faculty member who can assume the role of R.N. student advocate (Shane, 1980);

Thus, the educator's role is that of facilitator and is based upon mutual respect between teacher and learner.

Wooley (1973) points out that teachers of Registered Nurses must allow a transition time during which the older student may adapt to the new self-instructive methods of the learning process.

Since attitudes are an integral part of all learning situations, the effective teacher must be open to attitudes divergent from her own. Occasionally, R.N. students may become angry because of a lack of understanding of why academic credit is not granted for successful completion of State Licensure Examinations. The effective teacher must be able to acknowledge the worth of these examinations while relating academically acceptable methods of earning credit by examination.

In the true teaching learning situation, the learner needs to know and the teacher needs to provide the social, material and psychological setting in which it is not only possible for the adult to learn, but normal and natural for this to occur, (Hendrickson, 1966). The ideal teacher could be described as people-oriented, interested in finding solutions rather than rules, and more interested in individuality than conformity.

In summary, the androgogical teacher (1) establishes a climate conductive to learning; (2) creates a mechanism for mutual planning; (3) diagnoses the needs for learning; (4) formulates program objectives (content) that will satisfy these needs; (5) designs a pattern of learning experiences; (6) conducts these learning experiences with suitable techniques and materials; and (7) evaluates the learning outcomes and rediagnoses learning needs (Knowles, 1973, p.102).

Pringle (1978, p.4) states "for non-traditionalists, the future is now". Perhaps the most important aspect of non-traditional higher education is its spirit rather than its formal outcome. He suggests that faculty should treat adults as adults. "Recognize that they are serious; that they are busy; that they pay taxes which support our colleges; that they have a right to continue their learning, training, self-development, and enrichment as long as they care to - even into retirement years".

## Nursing Research

The nursing literature reflects an expanding interest in the adult learner and the returning R.N. Two articles have been selected for in depth review because of their particular significance to our program.

"Reaching and Teaching the Older Student", Alma S. Wooley, (1973)

Wooley addresses the question cited earlier in the section Teaching/Learning Process; where is the adult learner on thought and value continuum? She suggests that the stress generated by returning to school results in the adult learner's regression to a dualistic mode of thinking. To ease the stress the instructor must meet the adult learner where she/he is. This can be accomplished by providing clear statements of expectations and feedback on how the adult learner is doing, particularly in the classroom. Wooley found that in the clinical area, the adult learner was able to employ her life experiences and do quite well. Wooley suggests that the clinical instructor should take on the role of evoking learning reponses rather than teaching. In addition, Wooley found that by the second year of a nursing program, the adult learner was able to move rapidly along Perry's Continuum. She/he is able to apply theory to practice with ease and rapidly becomes ready to explore "ways of being". On a different note, Wooley draws attention to two environmental realities of the adult learner. One is that flexibility of scheduling for adults is synonymous with chaos. The second reality, leading to the first, is that adult students have other adult responsibilities.

"The RN Student - Unique Characteristics, Unique Needs", Lois G. Muzio, Julianne P. Ohashi (1979).

Muzio and Ohashi address the issues of adult learning as applied to the returning R.N. The major focus of this article is identifying the differences between the B.S.N. graduate and graduates of other programs, towards the end of being better able to assist the returning R.N. Muzio and Ohashi state that the returning R.N.'s often have strong comprehensive and application skills. Their previous education was most likely rigid and authoritarian than the usual B.S.N. education. In addition, the returning R.N. must often reject old learning before incorporating Nursing Theory into their thinking pattern. The B.S.N. graduate on the other hand, is significantly stronger in critical thinking skills, particularly synthesis and evaluation, (Frederickson and Mayer, 1977). Therefore, Muzio and Ohashi suggest focusing experiences with the returning R.N. to acquire Perry's higher stages of development. The authors also note that most B.S.N. programs are designed to promote role development, whereas role change is the essence for the returning R.N.

In summary, this paper has addressed current issues in adult education. The importance of a philosophy of adult education, knowledge of theories of teaching and learning and the unique characteristics of the adult leaner were explored. Androgogy and pedogogy were compared as these relate to new and innovative approaches to teaching adults: Principles of adult learning theory were applied to the education of Registered Nurses who are pursuing a baccalaureate in nursing. Crucial to this process is the active involvement of academicians committed to individualized, flexible patterns of learning.

## Application to the R.N. Student

Educational Goals for the returning Registered Nurse Student are both unique and at the same time universal. Each student brings a concept of individuality while pursuing an end goal of Bachelor of Science Degree in Nursing. All Registered Nurse students are adult learners bringing with them a wealth of experience both within the practice of nursing and life itself. The Department of Nursing at Rhode Island College is exploring various methods of assessment of the competencies that the nurse brings to the program and placement of the student within the program consistent with demonstrated competencies.

The philosophy of the Department of Nursing reflects the belief that we hold as faculty that learning is viewed as a life long endeavor which enhances one's potential for self actualization. It is an active process involving the acquisition, synthesis, evaluation, and transfer of knowledge and requires the participation of the teacher and learner in an environment which promotes growth, (Rhode Island College Department of Nursing, 1980).

The lifelong learning movement is not confined to a philosophy of Rhode Island College. It permeates all aspects of education and life. Inherent in this dogma is the recognition that continuous learning is a coping skill necessary for individual and societal survival.

The concept of lifelong learning is also not confined to familiar institutional settings of America. Europeans also define lifelong learning as demonstrated in this definition adopted by the UNESCO General Conference in 1976:

> The term "lifelong education and learning", for its part, denotes an overall scheme aimed both at restructuring the existing education system and at developing the entire educational potential outside the education system; in such a scheme men and women are the agents of their own education. . .

That definition contains three basic ideas about the nature of lifelong learning: One is that the entire formal educational system from elementary school through graduate school should be restructured to produce lifelong learners. Second, the UNESCO statement makes clear that it is not just schools and colleges that are to serve as the targets for improved education. Rather, the world is full of people, organizations, and other learning resources that can be marshalled on behalf of lifelong learning. Third, this definition stresses the importance of helping people become self-directed learners, the active agents of their own education (Cross, 1979).

The Registered Nurse student is truly an active agent of her own education. This is demonstrated in her competencies as an adult learner and reflected in the following assumptions:

**Assumptions about the RN Student:**

1. The RN student is an adult learner in the sense described by Malcolm Knowles in his book, *The Modern Practice of Adult Education, Androgogy vs. Pedagogy* which states that as a person matures:
   a. self-concept moves from one of being a dependent personality toward one of being a self-directing human being.
   b. a growing reservoir of experience accumulates that becomes an increasing resource for learning.
   c. readiness to learn becomes oriented increasingly to the developmental tasks of social roles.
   d. time perspective changes from one of postponed application of knowledge to immediacy of application, and accordingly orientation toward learning shifts from one of subject-centeredness to one of problem-centeredness.
2. s an adult learner, the following factors must be nsidered in relation to the RN student:
   a. his/her motivation may be greater.
   b. more independence may be desired.
   c. more flexibility may be expected.

The objectives of academic excellence demand that we meet the challenge of the lifelong learning needs of the Registered Nurse student. One method of achieving individual learning needs would be through appropriate evaluation of a student's prior learning. This would be done through verified documentation of an individual's prior learning based on the curriculum and course objectives of the school.

An important new trend in American higher education is the granting of recognition for learning acquired through non-college experience. Such learning, sometimes referred to as experiential learning

or prior learning, may result from many kinds of activities that have not occurred under the supervision or sponsorship of a college. The concept of prior learning was originally developed by CAEL or the Council for the Advancement of Experiential Learning. This group which began in 1974 is comprised of 250 institutions of higher education who support experiential learning and the valid and reliable assessment of its outcomes (Duley, 1977). John Valley, Director of CAEL, at WICHE workshop on Innovations in Nursing Curricula, defined prior learning as follows:

> Prior Learning is learning that has resulted through experience before the student sought to enroll for college programs or which occurred when he or she enrolled though not under the supervision and auspices of the institution (i.e. work experience, volunteer work, travel, military experience) (Valley, 1976, p.10).

In May 1970, the NLN Council of Baccalaureate and Higher Degree Programs presented a resolution regarding RN students and a baccalaureate education in nursing. The resolution stated:

> . . .Each faculty must develop its own system for functioning and placing the RN in its program. The plan devised by a faculty needs to take into account first and foremost the philosophy, purposes and academic regulation of the parent institutions, then the purposes and objectives of the program in relation to the level of competency of the individual student being admitted. Students come with different assets, abilities and potentials. Therefore, a plan for evaluation of students' previous learnings and experiences, both formal and informal, needs to be developed to assure proper placement in the program and profession through a series of many and varied learning experiences (p.3).

Following this statement, in 1972, the NLN Board of Directors also provided their support for more flexibility in nursing education programs. The highlights of their views are as follows:

> . . .to prepare the numbers and kinds of qualified personnel needed for the future, the system of nursing education will need increased flexibility, additional cooperative and collaborative arrangements, broadened support, and increased emphasis on evaluation and research . . .Following actions should be taken:
>
> a. Provide for student mobility according to the individual's ability, changing career goals and changing aspirations. . .
> b. Provide opportunity for students to validate the knowledge and skills they have acquired in previous education or experience.
> c. Develop curriculums which (1) are based on evolving as well as present need; (2) are flexible enough to adapt to changing conditions and student needs; and (3) provide diverse opportunities for student experience, including extra-hospital laboratory experiences. Encourage independent study, elective experiences and early concentrations in areas of special interest.

Roy (1979) implemented the NLN resolution at the Boston College School of Nursing through a process called the placement process. This was a method to "determine the theoretical and clinical knowledge and skills students possess prior to enrolling in a course" (p.15). This process would enable the knowledge to be compared to the terminal course objectives and then specific activities could by developed to address the identified learning needs of the particular student (Roy, 1979). Two parameters were identified by Roy for this process including: theoretical concepts and experiential background. Theoretical concepts were measured through the administration of a written exam. Experiential background was documented through a questionnaire which provided information and relevant experiences by the individual student (Roy, 1979).

Duley (1977) stated that professional occupations need knowledge at two levels: competence in information about the field and in professional practice. Informational competence is concerned with information, knowledge and conceptual grasp acquired about the field, while professional practice refers to practice, doing and behavioral performance in the field (Duley, 1977). Professional nursing competence requires knowledge to be attained at these two levels which indicates the need for both classroom and clinical learning.

Clinical learning may be called sponsored learning which, according to CAEL, is defined as:

> Learning under the direction of a college or university or with their aid and cooperation to provide a particular kind of experience considered to be of value in student's program and deemed by institutions beforehand to be worthy of credit (Valley, 1976, p.10).

Currently at Rhode Island College, based on our beliefs about the R.N. as an Adult Learner, we have developed a process called Documental Learning. This process is described in detail in the section titled Documental Learning.

# APPENDIX A

**Rules for Effective Adult Learning (Stein, 1971)**

1. Learning depends on the learner's awareness of his own capacities.
2. Previous adult learning tends to affect new learning.
3. Adult learners need motivation.
4. Adult learning depends on the effective use of learning skills.
5. Adults experience a decline in physical powers.
6. Stress reduces the learning/performing of adults.
7. As people grow older, they tend to become more rigid in their viewpoint.
8. The learning process must contribute to the social and organizational goals of the adult.

# APPENDIX B

**Behaviors as Objectives of Graduate Study in Adult Education (Aker, 1962)**

1. Helps people control and adjust to change rather than to maintain the status quo.
2. Intelligently observes and listens to what is being said or done and uses this information in guiding his response.
3. Selects and uses teaching methods, materials, and resources that are appropriate in terms of what is to be learned and in terms of the needs and abilities of the individual learner.
4. Helps his clientele acquire the ability for critical thinking.
5. Provides an atmosphere where adults are free to search through trial-and-error without fear of institutional or inter-personal threat.
6. Identifies potential leaders and helps them to develop their potentials and capabilities.
7. Makes use of existing values, beliefs, customs, and attitudes as a starting point for educational objectives.
8. Is actively involved in continuing study that will increase his professional competence.
9. Understands the role of adult education in society and is aware of the factors and forces that give rise to this function.
10. Actively shares, participates, and learns with the learners in the learning experiences.
11. Helps adults to actively set their goals, and provides a variety of means and opportunities for intensive self-evaluation.
12. Identifies and interprets trends that have implications for adult education.
13. Has clearly defined his unique role as an adult educator and understands his responsibility for performing it.
14. Arranges learning experiences so that the learners can integrate theory and practice.
15. Is effective in building a teaching team among lay leaders and group members.
16. Uses the process of appraisal to evaluate programs and to help clarify and change objectives.

17. Is creative and imaginative in developing new programs, and believes that innovation and experiment are necessary for the expansion of adult education.

18. Makes use of the contributions of all group members through the utilization of individual talents and abilities.

19. Works with schools, teachers, parents, and pre-adults to assist them in developing the motivation, attitudes, understanding, and skills necessary for lifelong learning.

20. Objectively presents contrasting points of view.

21. Assumes the initiative in developing a stong national perception of the importance and essentiality of continuing education.

22. Recognizes when the communication process is not functioning adequately or when it breaks down.

23. Identifies, critically evaluates, and discusses scholarly work by investigators in adult education and related fields.

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# APPENDIX C

## Glossary of Terms

**Information Sessions** - two hour discussion and information sharing groups for R.N. students held once a month during the academic year. Potential R.N. students have this forum to receive comprehensive information so that they can formulate their specific questions prior to individual advisement.

**Nursing 207: Baccalaureate Education for Nursing** - This course orients the registered nurse student to the systems-developmental-stress model as a conceptual framework for professional nursing. Emphasis is on the nursing process as the scientific methodology for nursing practice. The milieu of this practice is examined. Theories of nursing, teaching-learning, communication, and research are key elements.

**Junior Level Challenge Procedure** - process through which Registered Nurse students demonstrate proficiency in junior level nursing course; consists of four written examinations, a clinical performance examination (CPE) and a written paper on a nursing issue.

**Written Examinations** - four (4) theoretical examinations which test the course content of the junior level: Nursing 301: Nursing III, Nursing 302: Nursing IV, Nursing 303: Nursing V and Nursing 304: Nursing VI.

**Nursing 301: Nursing III** - This course analyzes common stress factors affecting the biophysical subsystems which regulate cellular growth, ventilation, circulation and fluid excretion in the individual client. Sociological and psychological subsystems are studied in relation to predictable states of altered well-being. Nursing strategies for actual and potential deviations from health are developed utilizing the nursing process. Practicum provides for opportunities to apply knowledge to the care of the adult or child clients.

**Nursing 302: Nursing IV** - This course analyzes common stress factors affecting the biophysical subsystems which regulate hormonal balance, sensory neuromotor function, and digestive, absorptive and excretory mechanisms in the individual client. Sociological and psychological subsystems are studied in relation to predictable states of altered well-being. Nursing strategies for actual and potential deviations from health are developed utilizing the nursing process. Practicum provides for opportunities to apply knowledge to care of adult or child clients.

**Nursing 303: Nursing V** - This course examines psychological, sociological and to a lesser degree, biophysical stress factors in relation to their impact upon the optimal well-being of human systems. The nursing process is the methodology used to determine those strategies which are essential to the nurse in assisting individuals throughout the life cycle and to achieve and/or maintain mental health. Learning experiences provide the opportunity to apply nursing theory to emotionally ill individuals and families. Communities as a cause of stress and stress reduction are explored.

**Nursing 304: Nursing VI** - This course examines the nursing management of the stress process as it relates to the normal and at-risk childbearing/childrearing experiences of individual and family human systems. Opportunity to further develop the use of nursing process to enhance the optimum well-being of clients is provided through selected practicum experiences in a variety of health care settings.

**Clinical Performance Examination (CPE)** - a two day practicum in an acute care setting with an adult client which is designed to measure the student's ability to meet junior level clinical course objectives. Major areas tested are application of the nursing process and professional responsibility.

**Written Paper** - a term paper which measures the student's ability to identify, research and analyze a relevant issue in current nursing practice using a college approved format.

**Portfolio** - a compilation of materials that show evidence of verifiable learning outcomes. This collection of materials include: curriculum vitae, personal essay and learning activities form.

**Documental Learning** - a process wherein the learner demonstrates evidence of college-level learning by substantiating learning experiences in relation to course (unit) objectives.

At Rhode Island College - Department of Nursing, documentation is achieved by compiling a portfolio.

**Nursing 341: Nursing VII** - This course examines the actual and potential stress factors of complex health problems and their effects on human systems. Emphasis will be placed on the application of nursing process and the teaching-learning process to assist clients in acute care settings to attain and maintain optimal well-being.

**Nursing 345: Nursing VIII** - This course examines the health of family and community systems as they are influenced by actual and potential biological, psychological, and sociological stress factors. Epidemiology, prevention, health planning, health advocacy and health politics are among the areas included. The nursing process is applied in practicums in schools, ambulatory care centers and community based health related agencies.

# APPENDIX D

## RHODE ISLAND COLLEGE - DEPARTMENT OF NURSING

### Advisory Record

### Program of Study for Nursing Majors

NAME _____ SS # _____

R.N. _____ SECOND DEGREE _____

**FRESHMAN**

| Courses | Date of Expected Enrollment | Credits | When Completed | Audit/ Transfer | Courses | Date of Expected Enrollment | Credits | When Completed | Audit/ Transfer |
|---|---|---|---|---|---|---|---|---|---|
| Bio. 101 | | 4 | | | Bio. 102 | | 4 | | |
| (*Elect. 3a) | | | | | Chem. 104 | | 4 | | |
| Chem. 103 | | 4 | | | Psych. 330 | | 4 | | |
| Eng. 101 | | 3 | | | Eng. 102 | | 3 | | |
| Psych. 210 | | | | | | | 15 | | |
| (*Elect. 1a) | | 4 | | | | | | | |
| | | 15 | | | | | | | |
| | | | | **SOPHOMORE** | | | | | |
| Bio. 331 | | 4 | | | Bio. 335 | | 4 | | |
| Bio. 348 | | 4 | | | Psych. 216 | | 4 | | |
| Nur. 100 | | 2 | | | Nur. 201/207 | | 6/4 | | |
| Hist. 110 | | 3 | | | Hist. 111 | | 3 | | |
| *Elect. (2) | | 3 | | | | | 17/15 | | |
| | | 16 | | | | | | | |
| | | | | **JUNIOR** | | | | | |
| Nur. 301/302 | | 6 | | | Nur. 301/302 | | 6 | | |
| Nur. 303/304 | | 4 | | | Nur. 303/304 | | 4 | | |
| *Elect. (3b) | | 3 | | | *Elect. (5) | | 3 | | |
| *Elect. (1b) | | 3 | | | *Elect. (4) | | 3 | | |
| | | 16 | | | | | 16 | | |
| | | | | **SENIOR** | | | | | |
| Nur. 341 | | 5 | | | Nur. 336 | | 2 | | |
| Nur. 345 | | 4 | | | Nur. 351 | | 5 | | |
| *Elect. | | 3-4 | | | *Elect. | | 3-4 | | |
| | | 12-13 | | | *Elect. | | 3-4 | | |
| | | | | | | | 13-15 | | |

( ) Distribution Requirement
Total Credits - 120-120+
*Place elective courses students are taking on blanks provided on back 15

over

**General Studies Core:**
English 101, 102; (Western Literature) History 110, 111 (Western Civilization)

**Distribution Requirement:** (8 courses)

1. Social and Behavioral Sciences

   _____

   _____

2. Fine and Performing Arts

   _____

   _____

3. Natural Sciences and Mathematical Systems/Computer Science

   _____

   _____

4. Other Cultures

   _____

5. Contemporary Values, Issues and Perspectives

   _____

**Nursing Course Titles:**

Nursing 1 - N 100
Nursing 2 - N 201
Nursing 3 - N 301
Nursing 4 - N 302
Nursing 5 - N 303
Nursing 6 - N 304
Nursing 7 - N 341
Nursing 8 - N 345
Nursing 9 - N 351
Nursing 10 - N 366

**Cognates:**

Bio. 331 - Anatomy
Bio. 335 - Physiology
Bio. 348 - Microbiology
Psych. 330 - Human Development
Psych. 216 - Educational Psych K-12

## APPENDIX E

## RHODE ISLAND COLLEGE - DEPARTMENT OF NURSING

## Nursing 207

## Baccalaureate Education for Nursing

**Attitudinal Testing Tool**

A - To a High Degree
B - To a Moderate Degree
C - To a Slight Degree
D - Not at All

To what degree did Nursing 207 help you to:

1. identify the factors involved in the transition to baccalaureate education _____
2. identify the factors in own transition from present practice to expected professional goals _____
3. identify factors in redefining your own personal life goals _____
4. understand the philosophy of baccalaureate education in nursing _____
5. adjust to the "Returning to School Syndrome" _____
6. understand "the system" at Rhode Island College _____
7. understand "the system" in the Department of Nursing _____
8. which support system(s) did you find most useful
   a. advisor
   b. project faculty
   c. peers
   d. N207 faculty
9. which support system(s) did you find least helpful
   a. advisor
   b. project faculty
   c. peers
   d. N207 faculty

## APPENDIX F

## Education

## N341: Nursing VII

## Senior Placement Process

Please circle appropriate answer on computer sheet or comment when indicated.

Key:

A = To a high degree
B = To a moderate degree
C = To a slight degree
D = Not at all

**PLACEMENT EXAMINATION**

1. To what degree did the placement examination for this course assist you to identify your strengths and areas to be developed in relation to course objectives?
2. To what degree did individual advisement of the results of your placement examination assist you to clarify your learning goals?
3. To what degree did the theory pesented in lecture assist you to acquire new knowledge or expand your knowledge base in areas to be developed?

4. How many lectures were you advised to attend based upon the results of your placement exam?

A = 1 only
B = 2-4
C = 5-7
D = 8-10
E = All of them

5. How many did you attend?

A = none
B = 1-4
C = 5-7
D = 8-10
E = All of them

**CLINICAL PLACEMENT**

6. Was your clinical placement adapted based upon the evaluation of your documental learning folder?

A = yes
B = No

7. Where was your clinical placement?

A = Miriam Hospital
B = Roger William's Hospital

8. To what degree did the learning experiences in this agency facilitate your achievement of course objectives? (Use answer key on page 1)
9. To what degree did the learning experiences in this agency facilitate your achievement of personal and professional objectives?
10. To what degree did the adaptation in your clinical practicum assist you to meet your learning needs?
11. What was your degree of satisfaction with the adaptation in the clinical practicum?
12. What was your overall rating of the senior placement process for this course? (Placement examination, advisement, and clinical practicum based on documented prior learning.)

A = Excellent
B = Above average
C = Good
D = Fair
E = Poor

13. STUDENT RECOMMENDATIONS

Based upon your student experience list three changes you would make in the senior placement process: (please prioritize)

1.

Rationale:

2.

Rationale:

3.

Rationale:

14. General Comments: